

CITY OF BEDFORD
PREPARED FOOD AND BEVERAGE TAX
OR TRANSIENT LODGING TAX RETURN

ACCOUNT #	TAXPAYER ID	LICENSE #	REPORT FOR MONTH/YEAR

BUSINESS NAME AND ADDRESS:

OWNER NAME:

LOCATION:

TELEPHONE:

E-MAIL:

CONTACT NAME:

1. GROSS SALES SUBJECT TO TAX: \$ _____
2. TAX DUE (5% LINE 1): \$ _____
3. LESS TAX COLLECTION FEE: \$ _____
(2% LINE 2, IF PAID BY DUE DATE)
4. ADJUSTMENTS FROM PRIOR MONTHS: \$ _____
(ATTACH EXPLANATION)
5. NET TAX DUE: \$ _____
6. PENALTY LATE FILING (10% LINE 5
OR \$10.00 WHICHEVER IS GREATER) \$ _____
7. INTEREST (10% PER ANNUM) \$ _____
8. TOTAL REMITTANCE \$ _____

If payment is not made timely the tax collection fee (line3) is disallowed and a 10% penalty or \$10.00 whichever is greater is charged. Interest is assessed 30 days after the due date by the Treasurer.

Under penalties provided by law, the undersigned certifies that this return is true and accurate to the best of his/her knowledge and belief and is taken from the books and records of the business for which this return is filed.

_____ Signature	_____ Title	_____ Date
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This return is due and payable on or before the 20th day of the month following the month taxes are collected. Return this copy with payment made payable to the City of Bedford, 215 E Main St., Bedford VA 24523. A penalty of 10% of the tax (minimum of \$10.00) is imposed if not paid by the due date. The tax collection fee is also disallowed on late returns. Should you cease business, please file that months tax immediately listing the name of the successor on the return. Any questions should be directed to the Commissioner of the Revenue, (540)587-6051.

Date: _____ Signed: _____
Commissioner of the Revenue

Date: _____ Signed: _____
Treasurer

Please return this form with payment